PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be con-

appropriate. All further indicated unless correcte maintenance fee notifica	correspondence includired below or directed off	g the erwise	Patent, advance of in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees w spondence address;	rill be and/or	mailed to the current r (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
20995 7590 09/27/2007 have its own certificate of mailing or transmission.								
KNOBBE MARTENS OLSON & BEAR LLP					Certificate of Malling or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile			
2040 MAIN STREET FOURTEENTH FLOOR					ressed to the Mail	Stop	ISSUE FEE address	above, or being facsimile
IRVINE, CA 92			. crai	ismitted to the USP	10 (57	1) 273-2885, on the d		
				-				(Depositor's name)
				-		•	- · · · · · · · · · · · · · · · · · · ·	(Signature)
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	t	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/682,379 10/09/2003				Luis De Taboada			CULSR.005CP1	6100
TITLE OF INVENTION: DEVICE AND METHOD FOR PROVIDING PHOTOTHERAPHY TO THE BRAIN								
					•			
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	YES		\$300	\$0		\$1000	12/27/2007
EXAMINER			ART UNIT	CLASS-SUBCLASS				
SHAY, DAVID M 3735				607-088000	•			
1. Change of corresponde CFR 1.363).	ence address or indicatio	ee Address" (37	2. For printing on the patent front page, list					
	ondence address (or Cha	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is slisted, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Dhotothera Tro Carlchad California								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fcc(s)	are submitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)				☐ A check is enclosed. ☐ Parment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies				Of the Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (cnclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tradegnark Office.								
	1/3	7	The annual reductions	. Onice.		انرل		
Authorized Signature		. u		•	Date	18/	114.44	
Typed or printed nam				· · · · · · · · · · · · · · · · · · ·	Registration N	. —	47,677	
This collection of inform an application. Confiden	nation is required by 37 (tiality is governed by 35	FR 1.2 U.S.C	11. The information 122 and 37 CFR	on is required to obtain or 1.14. This collection is e	retain a benefit by t stimated to take 12 i	he pub minutes	lic which is to file (and sto complete, including	by the USPTO to process) g gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.